

State ILLINOIS

- ° Treatment Plan Development and Modification. An individual treatment plan must be developed within 30 days of the documented date of completion of the mental health assessment for all clients served under this section. The individual treatment plan must state the overall goals of treatment and shall indicate the specific mental health services to be provided. The plan must be developed or approved by a physician, and must be reviewed and modified as necessary, but at least every six months for adults and three months for children.
- ° Psychotropic Medication Monitoring and Training - Monitoring of psychotropic medications and training of clients in self medication may be provided by the physician, by a QMHP under the direction of a physician, or by a MHP under the supervision of a QMHP. The physician must designate in writing the professionals who provide medication monitoring and training services. The monitoring will include recording of medications prescribed and taken by the client; observation of the effectiveness of medication; observation of any side effects resulting from the medication; and assurance that medication is being used in accordance with the prescription and in accordance with sound medical practice. Training shall be provided to clients to promote self medication, and will include training on side effects and adverse reactions; proper dosage; proper timing of medication; storing and safeguarding medication; and communication with mental health professionals regarding medication issues.
- ° Crisis Intervention - Crisis intervention shall be provided to clients who are experiencing a psychiatric crisis. The service is intended to reduce symptomatology, stabilize and restore the client to a previous level of role functioning and to assist the client in functioning in the community. Services include immediate mental health assessment; brief and immediate therapy; and referral or linkage to appropriate mental health services.
- ° Psychiatric Therapy - Psychiatric and psychological therapy will be provided to clients who require interpersonal therapy to promote growth in role functioning in order to maintain the client's functioning in the community. Services available include individual therapy, group therapy, and family therapy.

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- Day Treatment - Day treatment shall include services provided on an integrated, comprehensive schedule of recognized psychiatric treatment addressing at least three areas of dysfunction: psychological, interpersonal and primary role dysfunction. Services will include: (1) intensive stabilization, provided in a structured environment, to resolve short term problems or crises which could lead to institutionalization; and (2) extended treatment services focused on the development of interpersonal and living skills to restore client functioning and facilitate reentry into the family and community. Both services will include elements of therapy, skills development and training, and assessment and treatment planning.
- All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to EPSDT recipients.

=7/98 School Based/Linked Health Clinics

The purpose of school based/linked health clinics is to improve the overall physical and emotional health of students by promoting healthy lifestyles and by providing available and accessible preventive health care when it is needed.

School based health clinics are located in schools or on school grounds, serving at least the students attending that school. School linked health centers are located off school grounds but a formal relationship exists to serve students attending a particular school or multiple schools within the district. Services are available to eligible students who have obtained written parental consent, or who are 18 years of age, and/or who are otherwise able to give their own consent.

School based/linked clinics must be certified by the Department of Human Services (DHS) that they are meeting the minimum standards established by DHS. A qualified physician will be the medical director of the clinic. Each clinic will develop standing orders and protocols. The medical director shall ensure compliance with the policies and procedures pertaining to medical procedures. The medical director will medically supervise the medical regimen involving direct care of students. All medical services must be in compliance with the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Family Practice guidelines and the standards established by outside regulatory agencies. All laboratory services must be in compliance with CLIA. DHS will provide ongoing monitoring to assure that appropriate clinical standards are followed.

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=4/98 The clinic will be staffed by Illinois licensed, registered, and/or certified health professionals who are trained and experienced in community and school health, and who have knowledge of health promotion and illness prevention strategies for children and adolescents. The clinic must ensure that staff are assigned responsibilities consistent with their education and experience, supervised, evaluated annually, and trained in the policies and procedures of the clinic.

The clinic must have in place telephone answering methods that notify students and parents/guardians where and how to access 24 hour back-up services when the clinic is not open.

The clinics must coordinate care and the exchange of information necessary for the provision of health care of the student, between the clinic and a student's primary care practitioner, medical specialist or managed care entity. Services provided in school-based/linked clinics shall be coordinated with the client's primary care provider. A written referral with pertinent medical information is sent by the school-based/linked clinic to the provider and managed care plan for coordination and ongoing care. Written policies must address obtaining student and/or parental consent to share information regarding a student's health care.

The clinics must operate in accordance with a systematic process for referring students to community-based health care providers when the clinic is not able to provide the services required by the student. The clinic will refer a student who requires specialty medical and/or surgical services to his/her primary care provider or managed care entity to obtain a referral for a specialist. The clinic will document in the student's record that the referral was made, and document follow-up on the outcome of the referral when relevant to the health care provided by the clinic.

Clinics may provide the following services:

- basic medical services: well-child or adolescent exams, consisting of a comprehensive health history, complete physical assessment, screening procedures and age appropriate anticipatory guidance; immunizations; EPSDT services; diagnosis and treatment of acute illness and injury; basic laboratory tests; prescriptions and/or dispensing of commonly used medications for identified health conditions, in accordance with medical practice and pharmacy practice acts; acute management and on-going monitoring of chronic conditions, such as asthma, diabetes and seizure disorders;
- reproductive health services: gynecological exams; diagnosis and treatment of sexually transmitted diseases; family planning; prescribing, dispensing or referring for birth control; pregnancy testing; treatment or referral for prenatal and postpartum care; cancer screening;

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- mental health services: mental health assessment, individual and group counseling; crisis intervention; referrals to a continuum of mental health services including emergency psychiatric care community support programs, inpatient and outpatient programs;
 - substance abuse services: assessment of substance abuse problems; referrals to a continuum of substance abuse services including intervention and treatment services; supportive services for students recovering from substance abuse;
 - dental screening and treatment services.

The clinic must develop a collaborative relationship with other health care providers, insurers, managed care entities, the school health program, students and parents/guardians with the goal of assuring continuity of care and reducing duplication and fragmentation of services.

The clinic maintains a health record system that provides for consistency, confidentiality, storage and security of records for documenting significant student health information, and the delivery of health care services.

10. DENTAL SERVICES

7/99 ~~Dental services for recipients age 21 and older are covered for only a limited range of emergency dental services. Emergency dental services are described as those dental procedures necessary to treat pain in the teeth, gums, palate or any other problem of the mouth that requires immediate attention and is appropriately treated by a dentist. Prior to payment, each claim will be reviewed for medical necessity and for true emergency status. are categorized below.~~

7/99 ~~The following dental services are covered only for EPSDT recipients. Procedures covered under each category and prior approval or emergency post approval provisions are specified in Department Handbooks for Dentists and/or Provider Bulletins.~~

7/99 Dental Services for Recipients Under the EPSDT Program:

- | | |
|------------------------------|-------------------------------|
| ◦ Clinical oral examinations | ◦ Prosthodontics |
| ◦ Radiographs | ◦ Oral surgery |
| ◦ Preventive | ◦ Orthodontics |
| ◦ Restorative | ◦ Adjunctive general services |
| ◦ Endodontics | |
| ◦ Periodontics | |

7/99 All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to individuals under age 21.

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7/99 Adults Residing in ICF/DD Facilities:

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| o | <u>Initial oral exams</u> | o | <u>Oral Surgery</u> |
| o | <u>Radiographs</u> | o | <u>Anterior endodontics</u> |
| o | <u>Prophylaxis</u> | o | <u>Complete dentures</u> |
| o | <u>Restorative</u> | o | <u>Denture relining or repair</u> |
| o | <u>Periodontics</u> | o | <u>Adjunctive general services</u> |

7/99 All Other Individuals:

- | | | | |
|---|-----------------------------|---|------------------------------------|
| o | <u>Initial oral exams</u> | o | <u>Complete dentures</u> |
| o | <u>Radiographs</u> | o | <u>Denture relining or repair</u> |
| o | <u>Restorative</u> | o | <u>Adjunctive general services</u> |
| o | <u>Oral Surgery</u> | | |
| o | <u>Anterior endodontics</u> | | |

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- 1/99 The following limitations on certain services and procedures apply in all cases for all individuals (except for individuals under the EPSDT program)::
- Full mouth series of x-rays are covered only once every three years.
 - Polycarbonate crowns are covered; acrylic are not.
 - 01/92 ◦ Complete or partial set of dentures (if necessary) are allowable only once every five years.
 - Bridgework is allowable only once in five years.
 - 7/99 ◦ Coverage of root canals and apicoectomy procedures except for individuals under the EPSDT program is covered for anterior teeth, bicuspid and first molars only.
 - Coverage of orthodontia is limited to cases which present a severe handicapping malocclusion or a handicapping dentofacial deformity. All orthodontia requires prior approval.

Services beyond the above listed services and limitations are available to EPSDT recipients based on the determination of medical necessity.

11a. PHYSICAL THERAPY

- 10/94 Services are prescribed by a physician and provided by or under the direction of qualified physical therapist as defined in 42 CFR 440.110(a). In most cases, prior approval is required unless recipient is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to EPSDT recipients.

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11b. OCCUPATIONAL THERAPY

=10/94 Services are prescribed by a physician and provided by or under the direction of a qualified occupational therapist as defined in 42 CFR 440.110(b). In most cases, prior approval is required unless the client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

11c. SPEECH, HEARING AND LANGUAGE

=10/94 Services are referred by a physician and provided by or under the direction of a speech pathologist or audiologist as defined in 42 CFR 440.110(c). In most cases, prior approval is required unless the client is under the age of 21 or eligible for these benefits under Medicare.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

12a. PRESCRIBED DRUGS

Illinois shall provide coverage for covered outpatient drugs within the meaning of Section 1927(k) of Title XIX of the Social Security Act of any manufacturer which has entered into and complies with a rebate agreement with the federal Health Care Financing Administration. The drugs listed in the Department's formulary are covered without prior approval when prescribed by a physician licensed to practice medicine in all its branches or a licensed podiatrist or dentist within the scope of their practice. Providers may request prior approval for other items subject to the medical necessity of the client and the issuance of a valid prescription or medication order by the prescriber.

The following drugs or classes of drugs are excluded from coverage: anorexia and weight gain/loss drugs, agents used to promote fertility, agents for cosmetic purposes or hair growth, most vitamins except prenatal vitamins for pregnant women and fluoride preparations, smoking cessation products, most OTC products, DESI-ineffective products, toiletries, personal care items, oral antiseptics, dentifrices, contact lens supplies and investigational drugs.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

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12b. DENTURES

=7/95 All services or treatments which are medically necessary as detected in the screening process will be provided to EPSDT recipients.

12c. PROSTHETIC DEVICES

Prior approval for purchase, repair and replacement is required unless:

- ° the recipient is eligible for Medicare and the item is covered under the Medicare Program; or
- ° the cost of repairs does not exceed 75 percent of the purchase price; or
- ° the item is being loaned while the recipient's own item is being repaired or replaced; or
- ° items are replaced within 24 months of the purchase date and all of the following conditions are met:
 - 1) the item is not under warranty;
 - 2) the item was not faulty at the time of purchase;
 - 3) the original purchase was made by the Department for the same recipient for whom the replacement is needed;
 - 4) the original item is either not repairable or the cost of repairs is more than or equal to the replacement; and
 - 5) the replacement item is new and of equal value to the original item.

=7/95 All services or treatments which are medically necessary to correct or lessen health problems detected by the screening process will be provided to EPSDT recipients.

12d. EYEGLASSES AND OTHER OPTICAL MATERIALS

=7/95 Eyeglasses and other optical materials are not available to recipients aged 21 and older except for initial eye wear dispensed following cataract surgery.

=7/95 The following limitations apply to eye care services and materials for individuals under the age of 21:

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- Single vision lenses only when the following conditions are met:
 - ° The power is at least 0.75 diopters in either the sphere or cylinder component; or
 - ° The difference between the old and new prescription is at least 0.75 diopters in either the sphere or cylinder component.
- Bifocal lenses only when the following conditions are met:
 - ° For the first bifocals, the power of the bifocal addition is at least 1.00 diopter; or
 - ° For a change in bifocal lenses, the power of the bifocal addition is changed by at least 0.50 diopters or the distance power represents a change of at least 0.75 diopters.
- More than one examination per year only when the vendor documents the need for the additional examination.
- More than one pair of eyeglasses per year only when the vendor documents that the additional pair is medically essential and obtains prior approval from the Department.

=7/95 Eyeglasses and optical services will be provided to EPSDT recipients beyond the above limitations based on the determination of medical necessity.

Eye care materials dispensed by a supplier other than a physician or optometrist, except for replacement and repair items, are covered only when they are prescribed by a licensed physician or optometrist.

The following items require prior approval. Approval shall be given when, in the judgement of a Department consulting physician, the requested item or service is appropriate:

- ° Contact lenses and related contact lens services.
- ° A second pair of eyeglasses in one year.
- ° Custom made artificial eye.
- ° Low vision devices.
- ° Any item or service not specifically included in the schedule of procedures for optical services and supplies,

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Eye care services and materials which are not covered:

- ° Services which are not provided to address a recipient's particular visual problems or complaints.
- ° Lenses and frames obtained from a source other than the DOC laboratory.
- ° Trifocals.
- ° Tinted lenses.
- ° Provider's transportation cost.

All lenses and frames shall be obtained from the Department of Corrections (DOC) laboratory. DOC shall not engage in "office" services, e.g., examinations or dispensing of eyeglasses to recipients but shall be the State's laboratory for fabrication of eyeglasses. Individual optical suppliers shall continue to provide examinations, frame parts, frame repairs, contact lenses, artificial eyes and low vision devices, as well as dispensing of eyeglasses obtained from the DOC laboratory.

13b. SCREENING

Mammography screening for occult breast cancer, when ordered by a physician, is covered for women who are 35 years of age or older. Coverage limitations are: a) a baseline mammogram for women 35 through 39 years of age; b) a mammogram every one to two years for women 40 through 49 years of age; and c) a mammogram once per year for women 50 years of age or older.

13c. PREVENTIVE SERVICES

Preventive services are limited to EPSDT (Healthy Kids) recipients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided.

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